

KATHY SOUTH TRANSFORMATIONAL HEALING LLC

Trips to John of God

Katherine South
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York, PA 17402
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kathysouthhealing@gmail.com

Trip Application

This form must be completed, signed and returned to us as soon as possible to secure your space, even if you have mailed your deposit. If mailing your deposit along with application, \$500 per person is due now (\$300 non-refundable). If your application is less than 30 days prior to trip, include 100% of trip cost along with this form, or submit payment online via PayPal (additional fees apply with PayPal) at <http://kathysouth.com/trips> page.

Dates of Proposed Trip: _____

Full name as it appears on passport: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Occupation: _____ **Marital Status:** _____

Citizenship: _____ **Sex:** _____ **Age:** _____ **Height:** _____ **Weight:** _____

Birth Date: _____ **Birth Place:** _____

Passport Number: _____ **Date of Issue:** _____ **Country of Issue:** _____

Medical Insurance Policy Number and Contact Phone Number: _____

Single room: ____ (Recommended unless married couple) **Share a room with:** _____

List any dietary restrictions of preferences: _____

Arrival Flights Info: _____

Departure Flight Info: _____

In case of emergency please notify: _____

Email: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Please complete this application and mail it to **Kathy South | 2595 Stanford Drive | York, PA 17402**. If you miss the application deadline as stated in the Trip Information Letter PDF, please scan in this completed document and email a legible PDF or JPG to kathysouthhealing@gmail.com